INSTRUCTIONS FOR COMPLETING

ANNUAL UTILIZATION REPORT OF SPECIALTY CLINICS

REPORT PERIOD
JANUARY 1, 2016 THROUGH DECEMBER 31, 2016

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Annual Utilization Report of Specialty Clinics
for
Report Periods Ended in 2016

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These are the instructions for completing the 2016 Annual Utilization Report of Specialty Clinics. This document also contains a glossary of terms used in the Report.

Please call the Office of Statewide Health Planning and Development (OSHPD) Technical Support at (916) 326-3854 or Specialtyclinics-alirts@oshpd.ca.gov for questions or for further clarification.

GENERAL INSTRUCTIONS

1. Section 1216 of the Health and Safety Code requires every specialty clinic to file with OSHPD an Annual Utilization Report that contains utilization data for its licensed services. Failure to file a timely report may result in a suspended license by the California Department of Public Health (CDPH) until the report is completed and filed with OSHPD.

The standard report period for Annual Utilization Reports covers the period from January 1 to December 31, unless there has been a change in licensure (ownership) during the calendar year. In this case, the former licensee is responsible for submitting a final report that covers from January 1 to the last date of licensure, while the new licensee is responsible for submitting an initial report that covers from the effective date of licensure to December 31.

Note: Clinics are encouraged to request permission to submit a combined 12-month report if there has been a change in licensure during the calendar year. The former and current licensees need to agree which licensee will be responsible for submitting the report. Please send your request to file a combined report by e-mail to Specialtyclinics-alirts@oshpd.ca.gov, or contact OSHPD Technical Support at 916-326-3854 for instructions.

2. If a clinic opens or resumes operations during the year, the first utilization report would cover from the effective date of licensure to December 31. If a facility closes or suspends operations during the year, the final utilization report would cover from January 1 to the date of closure.

3. All clinics are required to submit their Annual Utilization Reports using OSHPD’s web-based Automated Licensing Information and Report Tracking System (ALIRTS) for calendar year 2002 and thereafter. To use ALIRTS, facilities must have a PC with Internet access equipped with Internet Explorer (IE) Version 5.0 or higher with 128-bit encryption. Macintosh computers and Netscape browsers are not compatible with ALIRTS. Minimum PC requirements include a 133 MHz processor, at least 64 Mb of RAM, a 28.8 bps modem, and a printer. The PC and browser must be set to accept cookies and to open another window.
4. **Do not submit the hardcopy report to OSHPD.** Only clinics with prior formal written permission for modification of submission may use a different submission format.

5. Annual Utilization Reports are due on or before February 15 if the report is for a full 12-month report period. If the facility closes, the report is due 14 days from the date of notification from OSHPD.

   **Note:** If February 15 falls on a weekend or holiday the due date will be the first working day after the weekend or holiday

6. Enter all amounts as whole numbers. Enter financial data to the nearest dollar. Do not use decimals, commas, dollar signs, spaces or special characters.

7. ALIRTS will calculate totals for a section or the entire report. Click on any “click to total” button within a section to calculate all of the totals in that section. Click on the “click to total” button at the end of the report to calculate all of the totals in the report.

8. When you have completed the report, scroll down to the end of the report and click on the “Validate & Save” button. If there are error messages in the “Errors and Warnings” box, you cannot submit the report. You need to correct and clear all the “Fatal” errors. For “Confirm” and “Explain” errors, you need to check the box under “Confirm” and type in your explanations. After you have completed this, click on the “Validate & Save” button again. When all the “Fatal” errors are eliminated then you are ready to submit the report. Click on the “Submit” button and a screen will appear asking you to certify the accuracy of the report. If you agree with the terms, click on “OK”. The report is now being submitted. A confirmation of the submitted report will appear. Click on the “Print” button for a hardcopy of the confirmation and keep this as your official record.

9. After the report has been submitted you can view the report in the ALIRTS system. Log into ALIRTS, go to the ALIRTS Home page and search for the OSHPD ID number or name of your facility, then select “view reports”. The report will be listed with a status of “Submitted Original”. Select “View” to review the report. If you need to make any changes to the report, select “Revise”. You will open a copy of the originally submitted report. Make necessary changes and re-validate before submitting the report again. (While the report is being revised it will have the status of “In Process”). At this point, you will only be able to “View” the original report. When the “In Process” report is submitted the status will change to “Submitted Revised”.

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SECTION 1 – GENERAL INFORMATION AND CERTIFICATION

This section contains basic information about the clinic, the parent corporation, if any, and the person completing the report.

1. **Lines 1 - 5: Facility Name and Address**
   The clinic information for lines 1 through 5 is automatically entered from OSHPD’s Licensed Facility Information System (LFIS) based on data from the California Department of Public Health (CDPH) Licensing and Certification Division. If you find any discrepancies in this information, please notify us by e-mail at Specialtyclinics-alirts@oshpd.ca.gov or call (916) 326-3854.

2. **Lines 6 - 8: Facility Telephone Number, Administrator Name, and E-mail Address**
   Enter the clinic’s main telephone number on line 6 and the administrator’s name on line 7. Enter the administrator’s e-mail address on line 8 if one is available. The administrator’s e-mail address will not be made available to the public.

3. **Line 9: Operation Status**
   On line 9, select “Yes” or “No” from the drop down menu to indicate whether or not the facility was in operation at any time during the year. If you selected “No” because the facility was not in operation during the year, do not complete the rest of the report. Go to the end of the report and select the “submit” button to submit the report to OSHPD.

4. **Lines 10 - 11: Dates of Operation**
   If you answered “Yes” on line 9 because the clinic was in operation during the year, enter the beginning and ending dates of operation on lines 10 and 11, respectively.

   **Example** – A clinic began operation on April 15 and continued operation for the rest of the year. Line 10 would be 04/15/2016 and line 11 would be 12/31/2016.

5. **Lines 12 – 16: Parent Corporation Information**
   If the clinic is a subsidiary or division of another corporation, enter the corporation’s name, address and phone number on lines 12 through 16. If the clinic is not a subsidiary or division of another corporation, leave these lines blank.

   The contact information on lines 17 through 20 will be filled in automatically based on the report preparer’s registration information. The e-mail address on line 20 will not be made available to the public.

7. **Lines 30 and 31: Submitted By and Submitted Date and Time**
   When the report is submitted, the application will supply the name of the person who submits the report and the date and time of submission on lines 30 and 31, respectively, of the final report. Before the report is submitted lines 30 and 31 will read, “Not submitted yet”.

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SECTION 2 – FACILITY DESCRIPTION

This section includes information on the license category (type), and licensee type of control.

1. **Line 1: License Category (Type)**
   The clinic’s license category for line 1 is automatically completed by OSHPD based on data from CDPH, Licensing and Certification Division. License categories are: Alternate Birthing Center, Psychology Clinic, Surgical Clinic, Dialysis Clinic, and Rehabilitation clinic. If you find any discrepancies in this information, please notify us by e-mail at Specialtyclinics-alirts@oshpd.ca.gov or call (916) 326-3854.

2. **Line 5: Licensee Type of Control**
   Select from the list from drop down menu the category that best describes the clinic’s type of ownership, i.e. the type of organization that owns the license of your clinic.
SECTION 3 – PATIENTS AND ENCOUNTERS

This section of the report documents the unduplicated number of patients seen during the year, as well as the total number of encounters for all patients. In addition, surgical clinics report operating rooms and operations, and psychology clinics report types of encounters.

1. **Line 1: Patients and Encounters in the Calendar Year (All Clinics)**
   
   **Column 1: Unduplicated Patients** – Enter in column 1 the count of patients seen by the clinic during the year. Be sure to include patients seen at all locations under this license and to count each patient only once.

   **Column 2: Encounters** – Enter in column 2 the total number of encounters these patients had with the clinic during the year. An encounter must meet all of the following criteria:
   
   1. It is a “one on one” – face to face meeting between the health professional and the patient.
   
   2. The health professional is licensed.
   
   3. The health professional is exhibiting independent medical judgment.
   
   4. The meeting is documented in the patient chart.

   **Note:** Surgical clinics must complete lines 5 and 6, and psychology clinics must complete lines 11 through 14. Dialysis clinics must answer line 22. All others go to Section 4.

2. **Line 5: Surgical Operating Rooms**
   Enter on line 5 the total number of surgical operating rooms at the clinic on December 31. If the report is for a partial year period that ends before December 31, enter the number of operating rooms on the last day of the reporting period.

3. **Line 6: Surgical Operations**
   Enter on line 6 the total number of surgical operations performed at the clinic during the year. A surgical operation is one patient using the operating room, regardless of the number of procedures performed.

4. **Lines 11 – 14: Psychology Encounters by Service Type**
   Enter on lines 11 through 14 the number of encounters for each of the following service types: General Medical, Substance Abuse (alcohol and drug), Mental Health Counseling, and All Other.

5. **Line 15: Total Psychology Encounters by Service Type**
   The ALIRTS application will complete line 15 with the sum of lines 11 through 14.

6. **Line 21: No. of Dialysis Stations**
   The ALIRTS application will complete this according to the information from the license.

7. **Line 22: Approved for In-Home Training (CAPD, CCPD)**
   Select “Yes” or “No” from drop-down box whether the clinic is approved for this service.
SECTION 4 – INCOME STATEMENT

This section includes information regarding the financial operations of the clinic during the reporting period. The categories of financial information include: Gross Patient Revenue, Write-Offs and Adjustments, Other Operating Revenue, Operating Expenses, and Net from Operations. Enter all numbers to the nearest dollar. Do not enter decimal points or commas.

1. **Line 1: Gross Patient Revenue**
Enter on line 1 the total Gross Patient Revenue for the reporting period. Gross Patient Revenue must be recorded on an accrual basis at the clinic’s full-established rates (gross charges).

2. **Lines 2 through 8: Write-Offs and Adjustments**
Enter on lines 2 through 8 the write-offs and adjustments to revenue including Charity, Contractual Adjustments, Bad Debts, and Other Adjustments.

3. **Line 9: Total Write-Offs and Adjustments**
The ALIRTS application will complete line 9 with the sum of lines 2 through 8.

4. **Line 10: Net Patient Revenue**
The ALIRTS application will complete line 10 with the remainder of line 1 minus line 9. Net Patient Revenue reflects the actual amount received from payers and patients for patient care services.

5. **Lines 11 through 19: Other Operating Revenue**
Enter on lines 11 through 19 the total revenue received from public grants, private grants, donations/contributions, and other sources, such as income from investments.

6. **Line 20: Total Other Operating Revenue**
The ALIRTS application will complete line 20 with the sum of lines 11 through 19.

7. **Line 25: Total Operating Revenue**
The ALIRTS application will complete line 25 with the sum of lines 10 and 20.

8. **Lines 30 through 44: Operating Expenses**
Enter on lines 30 through 44 the various categories of operating expenses incurred by the clinic during the reporting period. Do not include income taxes.

9. **Line 45: Total Operating Expenses**
The ALIRTS Application will complete line 45 with the sum of lines 30 through 44.

10. **Line 50: Net From Operations**
The ALIRTS application will complete line 50 with the remainder of line 25 minus line 45.
SECTION 5 – MAJOR CAPITAL EXPENDITURES

This section satisfies Section 127285 (3) of the Health and Safety Code, which requires each facility to report “acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars ($500,000.)” It also satisfies Section 127285 (4) of the Health and Safety Code, which requires each facility to report the “commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars ($1,000,000.)”

1. **Line 1: Diagnostic and Therapeutic Equipment Costing Over $500,000**
   On line 1, select “Yes” or “No” from the drop down menu to indicate whether or not the facility acquired any diagnostic or therapeutic equipment with a cost or fair market value in excess of $500,000. If “Yes”, complete lines 2 through 11, as necessary, to report the details of these acquisitions.

2. **Lines 2 through 11: Diagnostic and Therapeutic Equipment Detail**
   
   **Column 1: Description of Equipment**
   In column 1, enter a description of the acquired equipment.

   **Column 2: Value**
   In column 2, enter the cost or fair market value of the acquired equipment. Report the amount to the nearest dollar.

   **Column 3: Date of Acquisition**
   In column 3, enter the date the equipment was acquired. The date format is “MM/DD/YYYY”.

   **Column 4: Means of Acquisition**
   In column 4, select “Purchase”, “Lease”, “Donation”, or “Other” from the drop down menu to indicate the means of acquisition.

3. **Line 25: Building Projects Commenced During the Period Costing over $1,000,000**
   On line 25, select “Yes” or “No” from the drop down menu to indicate whether or not the facility commenced any building projects during the year that will require an aggregate capital expenditure exceeding $1,000,000. If “Yes”, complete lines 26 through 30, as necessary, to describe the building project(s.)

   **Note:** Commencement of a building project is considered to be the time at which a project number is issued by OSHPD for the project. If no project number is issued, commencement is when all permits have been issued and construction is ready to begin.

4. **Lines 26 through 30: Detail of Capital Expenditures**
   
   **Column 1: Description of Project**
   In column 1, enter a description of each construction project started during the reporting period.
**Column 2: Projected Total Capital Expenditure**
In column 2, enter the projected total expenditure required to complete each construction project started during the reporting period. Report the amount to the nearest dollar.

**Column 3: OSHPD Project No.**
In column 3, enter the project number that was issued by Facilities Development Division, OSHPD, for each building project commenced during the reporting period. If the reported project does not require an OSHPD project number, please enter “N/A” in column 3.
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CAPD (Continuous Ambulatory Peritoneal Dialysis)

A fresh bag of dialysis solution will be drained into the abdomen. After 4 to 6 or more hours of dwell time, the solution which now contains wastes will be drained into the bag. The cycle will then repeat. No machine is needed for CAPD. Typically three or four exchanges are prescribed during the day and one evening exchange with a long overnight dwell time.

CCPD (Continuous Cycler-Assisted Peritoneal Dialysis)

CCPD uses an automated cycler to perform three to five exchanges during the night while the patient sleeps. In the morning one exchange with a dwell time will last the entire day.

Encounters

Count one encounter each time a patient is seen by a medical professional provider who exercises independent judgment in the provision of medical and/or health services to the patient and records the encounter in the patient’s record.

Facility Name

This is the name under which the facility is doing business (DBA name). This name may be an abbreviation of and may differ from the facility's legal name. It is listed on the license as the name of the facility being operated by the licensee.

License Category

The license category describes the licenses issued to specialty clinics by CDPH, Licensing and Certification Division. License categories include Alternate Birthing Center, Psychology, Surgical, Dialysis, and Rehabilitation.

Licensee Type of Control

This describes the type of organization, either public (governmental) or private, that owns the license. The categories are listed below:

- City and/or County
- District
- Non-Profit Corporation (incl. Church-Related)
- University of California
- State
• Investor – Individual
• Investor – Partnership
• Investor – Limited Liability Company
• Investor – Corporation

**OSHPD ID Number**

This is a nine-digit facility identification number assigned by OSHPD for reporting purposes. The first three digits indicate the type of facility, the next two digits indicate the county in which the facility operates, and the last four digits are assigned to identify the facility.

**Parent Corporation**

This describes the corporation of which the facility is a subsidiary or a division. The license may be held by the facility or the parent corporation.

**Project Number**

A number issued to the facility by Facilities Development Division, OSHPD, to identify construction projects.

The project number for building projects costing $1,000,000 or more consists of an 8 digit alpha-numeric number in the following format:

- **First digit:** The letters S, H, or I, indicating the type of equipment.
- **Second digit:** The letters S or L, indicating the issuing office (Sacramento or Los Angeles.)
- **Third and Fourth digits:** Two numbers indicating the year the project number was issued. For this report the third and fourth digits will be “02”.
- **Fifth through eighth digits:** Four numbers indicating the sequence, starting with 0001 and continuing as far as necessary.

**Example:** HL020123

**Surgical Operations**

A surgical operation occurs when one patient uses an operating room. Therefore, a surgery involving multiple procedures (even multiple, unrelated surgeries) performed during one scheduling is to be counted as one surgical operation. Another definition of a surgical operation could be a "patient scheduling".
Unduplicated Patients

Count each patient only once even if the patient went to the clinic several times for pre-surgery and post-surgery visits during the reporting year. If the same person returned to the clinic for a different surgery, then this patient should be counted again.